

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/509,335
Application Date:: 10/08/04
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: THERAPEUTIC AGENT FOR FOOD
COMPETENCE DISORDER IN
STOMACH
Attorney Docket Number:: 259821US0PCT

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Yugo
Family Name:: MATSUNAGA
City of Residence:: Saitama
Country of Residence:: Japan
Street of Mailing Address:: c/o ZERIA PHARM CO., LTD. CEN
RESEA LABS 2512-1, Aza-Numagami,
Oaza-Oshikiri, Konan-Machi, Osato-Gun
City of Mailing Address:: Saitama
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 360-0111
Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Shigeru
Family Name:: UEKI
City of Residence:: Saitama
Country of Residence:: Japan
Street of Mailing Address:: c/o ZERIA PHARM CO., LTD. CEN
RESEA LABS 2512-1, Aza-Numagami,
Oaza-Oshikiri, Konan-Machi, Osato-Gun
City of Mailing Address:: Saitama
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 360-0111

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Japan
 Status:: FULL CAPACITY
 Given Name:: Hiroki
 Family Name:: KATO
 City of Residence:: Saitama
 Country of Residence:: Japan
 Street of Mailing Address:: c/o ZERIA PHARM CO., LTD. CEN
 RESEA LABS 2512-1, Aza-Numagami,
 Oaza-Oshikiri, Konan-Machi, Osato-Gun
 City of Mailing Address:: Saitama
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 360-0111

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Japan
 Status:: FULL CAPACITY
 Given Name:: Shiro
 Family Name:: KOBAYASHI
 City of Residence:: Saitama
 Country of Residence:: Japan
 Street of Mailing Address:: c/o ZERIA PHARM CO., LTD. CEN
 RESEA LABS 2512-1, Aza-Numagami,
 Oaza-Oshikiri, Konan-Machi, Osato-Gun
 City of Mailing Address:: Saitama
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 360-0111

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP03/04445	04/08/03

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2002-104894	Japan	04/08/02	YES

ASSIGNMENT INFORMATION

Assignee Name::	ZERIA PHARMACEUTICAL CO., LTD.
Street of Mailing Address::	10-11 NIHONBASHIKOBUNACHO, CHUO-KU
City of Mailing Address::	Tokyo
Country of Mailing Address::	JAPAN
Postal or Zip Code of Mailing Address::	103-8351